



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 028400005

CITY OR TOWN DIGHTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MT. HOPE VILLAGE LIQUORS, INC

DOING BUSINESS AS JOHNNY'S MARKET

ADDRESS 102 LINCOLN AVE

CITY/TOWN: DIGHTON

STATE: MA

ZIP CODE: 02764

MANAGER: WOODCOCK,
BRUCE A

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 FLOOR, REAR STORAGE ROOM, TWO 23X60 FT. STORE SPACE 2 ENTRANCES AND 2 EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 028400007

CITY OR TOWN DIGHTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MEDWAY ENTERPRISES, INC.

DOING BUSINESS AS 44 LIQUORS

ADDRESS 2035 WINTHROP ST

CITY/TOWN: DIGHTON

STATE: MA

ZIP CODE: 02715

MANAGER: SPELLMAN,
MELISSA

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 028400008

CITY OR TOWN DIGHTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AVICHALDAS CORP.

DOING BUSINESS A MENDOZA'S LIQUORS

ADDRESS 1896 COUNTY ST

CITY/TOWN: DIGHTON

STATE: MA

ZIP CODE: 02715

MANAGER: PATEL, ANJANA

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME BLDG WITH 2 ROOMS

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 028400010

CITY OR TOWN DIGHTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GEORGIO'S STEAK HOUSE, INC.

DOING BUSINESS AS

ADDRESS 1881 COUNTY ST.

CITY/TOWN: DIGHTON

STATE: MA

ZIP CODE: 02715

MANAGER: KOTSIPOULOS, TYPE OF LICENSE: Restaurant
GEORGE

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLR; DINING ROOM, ICE CREAM PARLOR AND RESTROOMS. BASEMENT STORAGE. 4
ENTRANCES AND 3 EXITS.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

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By:

DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 028400014

CITY OR TOWN DIGHTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THERESA S. ALMEIDA

DOING BUSINESS AS ALMEIDA'S COUNTRY STORE INC

ADDRESS 2050 COUNTY ST

CITY/TOWN: DIGHTON

STATE: MA

ZIP CODE: 02715

MANAGER: ALMEIDA
THERESA S.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

VARIETY STORE WITH FRONT AND SIDE ENTRANCES. WALK IN COOLER, FRONT OF
STORE IS 70 FEET WIDE. LARGE STORAGE BARN TO THE REAR

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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LICENSE NUMBER: 028400017

CITY OR TOWN DIGHTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOHN VANGYZEN HALL INC.

DOING BUSINESS AS

ADDRESS 495 SCHOOL STREET

CITY/TOWN: DIGHTON

STATE: MA

ZIP CODE: 02764

MANAGER: BLEAU, RICHARD TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LARGE FUNCTION ROOM..ONE KITCHEN AREA..ONE BAR AREA AND ONE OFFICE
AREA ALL ON THE FLOOR..EXITS IN THE OFFICE AREA, KITCHEN AREA, FUNCTION AREA
AND TWO EXITS IN THE BAR AND HALLWAY

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 028400019

CITY OR TOWN DIGHTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ALICE'S LAST STOP, INC.

DOING BUSINESS AS ALICE'S LAST STOP

ADDRESS 1901 COUNTY ST

CITY/TOWN: DIGHTON

STATE: MA

ZIP CODE: 02715

MANAGER: STONE, BRIAN J.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE RESTAURANT LOCATED IN A STRIP PLAZA.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: